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ABSTRACT

A study was conducted to identify the trends occurring within the health service industry and their impact on the providers of health care; determine shifts or emerging occupational areas within health services; and assess local health service providers' staffing patterns and anticipated needs. The study involved meetings with local hospital representatives and nursing home administrators, and surveys of medical offices and home health care agencies. Study findings included the following: (1) health care management has been in a mode of personnel reductions and cost containment, thereby tying employment opportunities for registered nursing graduates directly to personnel turnover; (2) recent changes in patient care have expanded the nurse's role to now include diagnosis, physical assessment, and therapeutic use of interpersonal interactions; (3) continuing education will be in high demand as nurses adapt to new technologies, an expanding knowledge base, growing emphasis on wellness, and the rising number of elderly people with chronic diseases in long-term care settings; (4) the staffing patterns of hospitals and nursing homes indicated that practical nurses were not being replaced as turnovers and layoffs occurred; and (5) a need was demonstrated for a Homemaker/Home Health Aide program. Recommendations for curriculum development are included. (EJV)

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HEALTH OCCUPATIONS TRENDS AND ISSUES

Issue Paper

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INTRODUCTION

In September and October of 1984 the Gateway District Board conducted Community Forums at each campus location to solicit general public comments relative to future directions for the District. During the discussions, community representatives from two local hospitals informed the Board that their hospital was no longer hiring practical nurses and that Gateway should reconsider its position in providing this training. This opened up an issue of whether the District should continue providing practical nurses training for other agencies beyond local hospitals. Therefore, Research, Planning and Evaluation Services designed a Health Education Study that involved meetings with local hospital representatives, nursing home administrators, and surveys to medical offices and home health care agencies.

The main purpose for the study was to identify the trends occurring within health service providers, determine the shifts or emerging occupational areas in nursing services, and assess the local health services providers' staffing patterns.

The main objectives accomplished with this study are as follows:

1. Identify the trends occurring within the health service industry and the impact on the providers of health care:

a) national
b) state
c) local area

2. Determine the shifting or emerging occupational areas that are occurring within health services.

3. Assess the local health service providers' need for current and future staffing needs.

During the time between this study and now, there was an administrative decision to suspend enrollments in the Practical Nursing Program for fall 1985.

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BACKGROUND

> ....the 1980s and 1990s will be a period of constant turmoil for the health professions. Concepts of care, concepts of medical education, and concepts of finance must and will change. And those who work in this environment will pay a deep personal price in their anxieties and uncertainties as professionals... creativity and commitment to service will be challenged in the severest way possible.
>
> --Andreano, 1984

Forecasting of future needs for health personnel is difficult, not only because of the vast changes occurring in systems of health care, but because of unknowns, such as spinoffs from advances in technology, the impact of the increasing numbers of elderly people, and the importance placed by society on making sure that health care is available to all people regardless of income.

Determining the future need for nurses, in particular, is further complicated by the long-standing peculiarities of the nurse labor market. Practices such as the stockpiling of nurses by hospitals during periods of low wages for nurses and the use of nurses as substitutes for other professionals who have been eliminated has caused much justifiable disgruntlement within the nursing profession and make accurate statistics on existing supplies of nurses hard to determine. The versatility of nurses--the fact that their broad training and competencies enable them to perform a variety of different kinds of work--can help them to be retained or find employment when hospitals and other care givers are pressed for money, but it may be at the expense of adequate salaries.

Health care management appears to be in a mode of reduction in force of the health professions at the present time to determine which positions are absolutely necessary and those that are not. Approximately 25 to 30 percent of the community based hospitals in the United States are estimated to be in financial difficulty now (Colachis, 1984). Cost containment efforts by health care providers has had a negative effect on nurses' incomes in the past and may affect the number and kind of nurses hired in the future. Hospital occupancy rates are declining and state-of-the-art equipment is very expensive. Moreover, the Diagnostic-Related Grouping (DRG) system of payment for health services, instituted for Medicare last July 1984, has encouraged hospitals to use as few resources as possible in order to help patients recover quickly.

In response to these financial difficulties, hospitals are beginning to react to losses in revenue by establishing long-term care contracts with home health care services. The number of hospitals offering home health care services increased 100 percent during 1982-1984. Home health care agencies, which now number 7,000 in the United States, will be expected to assist hospitals in discharge planning and to counsel patients and families. The number of nurses employed by home care agencies is also expected to increase because patients will be returning home from hospitals less able to care for themselves (Campbell and Cooper, 1984).

Hospitals which are contracting with nursing homes may also be expected to increase along with hospital-sponsored nursing homes. "The number of people who are 85 or older will double...

in 1990. About 20 percent of the people over the age of 85 are in nursing homes. There may be a need for 800,000 to 1,000,000 new nursing home beds in the next decade..." (Campbell and Cooper, 1984). Nursing homes, psychiatric hospitals, and other long-term care institutions have insufficient nurse coverage at present, "due to too few budgeted positions, as well as an inability to recruit and retain nurses for budgeted positions" (Aiken, 1983). Although only 15 percent of the nursing service personnel now in nursing homes are actually nurses (compared to almost 50 percent in hospitals), more and better-trained nursing home nurses are needed. Nurses in nursing homes will have a growing responsibility as the primary providers of clinical care with doctors acting as consultants (Campbell and Cooper, 1984).

There currently seems to be an ample supply of nurses and even an overabundance except in large urban public hospitals (Aiken, 1984). Two-thirds of all employed nurses work in hospitals where nurse vacancy and turnover rates have declined significantly since 1979. Admissions to nursing schools more than doubled between 1959 and 1979, the number of employed nurses more than tripled over the past three decades, and many inactive nurses returned to work during periods of recession. In the decade of the 1980s, the number of employed nurses are expected to increase by almost 500,000. Because of this supply, federal money for basic nursing education has dwindled. State money for this purpose will be more probable if requests are tied to local labor needs. Despite this large supply of nurses, budgeted nurse positions may continue to be limited in view of cost containment measures.

The very nature of nursing has become more complicated. "There is clear evidence that the intensity and complexity of care required by hospitalized patients has increased" (Aiken, 1984). "Long-term planners urge that by the end of this decade, most nurses be prepared at a baccalaureate level for entry into practice.... Nurses must have a higher level of education in an advancing technologic environment to contribute to the decision-making process..." (Colachis, Jr., 1984).

Concepts of patient care have changed and with it have come changes in concepts of nursing. Emphasis in patient care was formerly placed on medical diagnosis, treatment, and related nursing care, but now includes nursing diagnosis, physical assessment, decision-making skills, and the therapeutic use of interpersonal interactions. However, the focus of nursing care is changing from hospital care to home care, and it is in the home that the nurse will be exercising more judgment (Roye, 1984). Home health care is one of the most rapidly developing new health care delivery services.

Computerization and other technological advances during this decade are not expected to eliminate health jobs overall but are predicted to be labor-intensive rather than labor saving (Aiken, 1983). Computer-based systems are used by the health team in taking histories, determining what tests to give, interpreting test results, arriving at a diagnoses, and suggesting possible treatment plans (Shimberg, 1984). For the nursing professionals, computer application will include patient teaching, test ordering and reporting, scheduling, monitoring patient acuity, recording patient changes, and nursing audits. "Computer systems may be

linked within and among hospitals and may also include physicians' offices, clinics, and patients' homes" (Davis, 1982). Satellites carry health-related information between nations. Microcomputers and terminals will be increasingly used in all areas of health care in order to extend the memories of health professionals as a means of keeping current with the mass of new health information.

Credentialing of health professionals may also be changing. The accelerated development of multi-hospital and multidimensional health care corporations has led to health corporations setting up their own credentialing standards and using a computer to review performance. "Corporations might develop assessment systems and require periodic reassessment of staff by specialty to control quality and to implement personnel policies designed to facilitate more flexible use of manpower" (Shimberg, 1984). Corporations may become responsible for qualification and staffing patterns within their institutions while the control of professionals operating outside of the corporate framework would be left to traditional licensing boards.

Locally, St. Lukes in Racine has already implemented a "Career Ladder" for nursing personnel that rates them as follows: "1" entry level RN practice; "2", "3", or "4" levels are the highest functioning RNs. All RNs are affected by this classification along with their rate of pay. Any nursing employee performing at less than a "1" rating will still be called an RN but their duties will be at the PN level. Those RNs classified

as less than a "1" rating have been given a time frame to develop their skills or proficiencies to a level "1" to avoid termination.

The fastest growing employment sector is generally known as alternative health care delivery systems--new outpatient services within or extraneous to Health Maintenance Organizations (HMOs) that are still evolving and will utilize all kinds of medical personnel ranging from midwives to radiologists. "Outpatient and alternative systems of care are being developed that specialize in the form of emergicenters, surgicenters, primary care centers, mobile health units, day care for the elderly, and hospices for the dying. There are currently over 350 HMOs nationwide with a total enrollment of about seven percent of the nation's population. One-fourth to one-third of hospitals will close, one-third will either merge with another hospital or alter their goals, and the final third will not change" (Rajani, 1984).

The increased extension of health insurance to cover alternative health delivery is helping these services expand. Employment in these facilities soared nearly 125 percent between 1971 and 1982, outpacing the rest of the health industry by about a two to one margin. Employment in both convalescent centers and outpatient facilities is predicted to continue to increase at a healthy pace to 1995.

These clinics offer quick, convenient service, close to home, without apppointments, and with fees lower than those charged by hospital emergency rooms. Two thousand such clinics exist in the nation today and new ones are opening at the rate of one a day.

As a result of drastic federal budget cuts in many domestic health programs and the growing prominence of cost-effectiveness in delivery systems, some new systems and programs are developing and new health occupations are being created. Some of these occupations are:

--medical records administrators and technicians

--health service management

--health maintenance and wellness manager

--geriatric nursing

--genetic counseling

--sports medicine therapist and technician

--biomedical equipment technician

--human services technician with emphasis on physical and psychosocial

JOB MARKET FOR HEALTH PROFESSIONALS

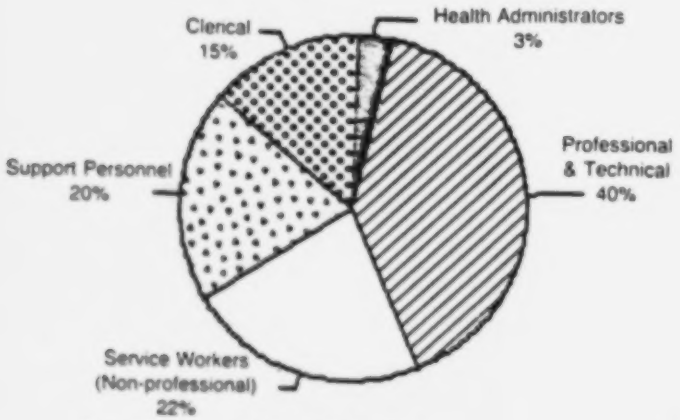
(The following information is paraphrased from Interface, a quarterly newsletter of the Department of Professional Employees, AFL-CIO, Fall 1984.)

Employment in the health services industry, which skyrocketed during the recession of the 1970s and early 1980s, is expected to outpace that of the overall economy in the rest of the 1980s and into the 1990s, although at a slower rate than in the previous decade. The health industry's share of total employment in the nation rose from 6 percent in 1972 to 7.7 percent in 1982. Employment increases stemming from the aging of the population and technological advancements are predicted to

offset employment losses caused by cost containment and reorganization. Current employment in the industry is projected to increase by 48 percent by 1995.

Total health-related employment rose by 82 percent from 1970 to 1983 while the rest of the work force expanded by only 28 percent. Skilled nursing homes (convalescent centers for recuperation and rehabilitation) grew the most in employment in this period (127%) while hospital employment grew the least (59%). Employment growth in hospitals between 1982-1983 was virtually nonexistent due to staff cutbacks and closing of hospitals and hospital departments; a 39 percent growth increase is nevertheless predicted between now and the mid-1900s. Declining birth rates and the shifting of many mentally ill and retarded patients from hospitals into communities have also added to decreased hospital employment. Forty percent of the total 1982 work force in the health sector consisted of professional and technical workers (half of these were RNs, 96 percent of whom were women), and 22 percent were non-professional service workers, as illustrated below.

TOTAL HEALTH INDUSTRY EMPLOYMENT, 1982



Source: Occupational Employment Statistics.

EMPLOYMENT PROJECTIONS BY SELECTED HEALTH INDUSTRY SEGMENTS, 1982 to 1995[1]

	1982	1995	Employment Growth (numbers)	Percent Growth 1982 to 1995
Hospitals	4,170,000	5,780,000	1,610,000	39%
Convalescent Institutions	1,070,000	1,750,000	680,000	64%
Physicians' Offices	820,000	1,200,000	380,000	46%
Dentist Offices	385,000	550,000	165,000	43%
Outpatient Facilities	162,000	358,000	196,000	121%
Medical & Dental Laboratories	107,000	185,000	78,000	73%
Offices of Other Health Practitioners	105,000	240,000	135,000	129%
All Other Health Services	129,000	235,000	106,000	82%
TOTALS	**6,900,000**	**10,300,000**	**3,350,000**	**48%**

Source: *Occupational Employment Statistics*. U.S. Bureau of Labor Statistics. 1983.

Note:
1 Does not include the self-employed.

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Today's health industry worker is almost as likely to work outside of a hospital as in one. Next to hospitals, convalescent centers, especially those for long-term medical patients, are the largest employer of health personnel. Employment in these institutions more than doubled between 1970 and 1983, due in part to a large increase in the number of elderly persons in the population, but slowed during the last portion of this period because of competition from alternative services.

Employment in home health care is growing and is expected to continue to grow as the service gains in public acceptance. Associations and agencies of physicians, nurses, and/or therapists are supplementing or replacing visiting nurses whose services are usually more limited and who are subject to supervision by a physician or hospital.

Employment in doctors' and dentists' offices also grew faster than hospital employment because of the movement from inpatient to outpatient procedures, although not as fast as employment in the convalescent centers or the alternative care systems just referred to. Staff help in dental offices is increasing, partially as a result of a rise in group practices, and is expected to continue growing through 1995. (Dentists who pool their practices hire a greater number of assistants per dentist than do self-employed dentists practicing alone.)

Medical and dental laboratories are projected to experience a healthy 73 percent expansion during 1982-1995, with most of the growth occurring for professional rather than technical workers.

Health technologists and technicians make up another large and growing group of health personnel, nearly three quarters of whom work in hospitals. Two fields of rapid employment growth within this group are medical records technologists and assistants for physical and medical therapy.

Employment of Registered Nurses rose at about the same rate as all other health workers. Predictions of future employment rates were not provided. RNs have constituted the largest portion of employed health care professionals throughout the last fourteen years. Over 70 percent of them worked in hospitals in 1972 and more than half of the remainder were employed in convalescent institutions. Among specialties, nurse anesthetists and administrators and consultants received the highest pay. The work of RNs, as for many other health occupations, has become more complex and specialized, requiring many nurses to return to the classroom in order to retain their jobs.

The total number of Licensed Practical Nurses employed in the health industry has not grown as rapidly as that of RNs in recent years due largely to their replacement in hospitals by registered nurses. Over two-thirds of the LPNs in 1983 worked in hospitals.

TRENDS IN WISCONSIN HEALTH CARE

In Wisconsin, as in the nation, the overall picture of health care delivery systems is one of great change and emphasis on cost cutting. As of September, 1984, the state began requiring Aide For Dependent Children recipients, who account for over

90 percent of the Medicaid population, in Milwaukee and Dane Counties to select HMOs. This requirement will be extended to three more counties by 1987. Secondly, the state continues to encourage its many employees to use HMOs in the Milwaukee area. In addition, the governor's recent budget request contained a proposal to encourage low-income elderly people to join HMOs by subsidizing premiums (Racine Journal Times, February 21, 1985).

Many traditional health providers are seeking a state law to give them the right to join HMOs, and HMOs may become the provider of choice for private as well as public sector employees. The Wisconsin Association of Manufacturers and Commerce has published a guide to businesses who want to hold down costs for themselves and their employees. Additional initiatives from the private sector may be anticipated in the future. Employees, for their part, may be expected to increase demands both to keep federal tax dollars for health from going up and to assure themselves freedom of choice and comprehensive health coverage without overly large deductibles.

The State's new Capital Expenditure Review Program (CER) provides some of the framework for planning future health care in Wisconsin. The most significant development in the state's health care industry since the creation of the nongovernmental Hospital Rate Review Program in 1972 is the new Hospital Rate Setting Commission which is expected to have a major impact on hospital operations over the next several years. This commission will require line-by-line monitoring of hospital budgets.

The Racine Journal Times, in December 1984, reported that there have been more hospital staff reductions by attrition and layoff in the last 18 months than in any other time during the 1974-1984 period. Cost containment was the reason cited by a spokesman for the Wisconsin Hospital Association (WHA) for the elimination of 5,000 hospital jobs in this 18-month period.

Hospitals began responding to the shorter length of hospital stay required by the new Medicare/DRG stipulations by diversifying into areas such as home care and home-based dialysis. St. Mary's Medical Center in Racine, for example, has just begun a short training program, called HOME, for families and individuals who need help knowing how to care for the elderly or chronically ill in home settings (Racine Journal Times, February 9, 1985). Recently, Kenosha Memorial Hospital began a home base pediatric care for patients requiring intervenous therapy and careful monitoring.

One fairly recent state program is helping elderly and disabled people who might otherwise go to nursing homes, with or without their consent, to stay in their own homes. The Community Options Program (COP), enacted in 1981 and administered by the State Department of Health and Social Services, provides funds to counties that screen nursing home applicants. Fifty-nine counties are expected to participate this year. Racine County was one of the first to become involved and last year served 349 people.

By 1995, the number of Wisconsin people in nursing homes is predicted to increase about 23 percent, with almost all the increase coming from people who are at least 75 years old. Those

in nursing homes in the more distinct future are more likely to be even older--in the 85+ bracket. Current nursing home bed capacity is entirely inadequate to serve projected future needs, however. New homes will have to be built and additional means of financing the construction discovered (Rajani).

The overall picture of health care changes in Wisconsin has been summarized by Karl Rajani in his 1984 report, "The Future of Health Occupations in the VTAE System." Rajani feels there will be a chaotic mixture of two opposite forces: competition and regulation. While many health service providers will be establishing risk-based financial operations in keeping with the current national emphasis on entrepreneurship, the state of Wisconsin will continue its efforts to protect the consumer by strengthening existing regulatory programs and creating new ones.

The major events in recent health care history in the state are as follows:

1. A shift to competition-based health care systems, as evidenced by the rise in HMOs.
2. Stronger state regulation of the health care industry.
3. Preference for outpatient, as opposed to inpatient, treatment modes, with a potential for increased hospital closings.
4. Expanded use of nursing homes and other long-term care services.
5. Increased attention to cheaper forms of care, such as home health care and patient responsibility.

6. Emphasis on preventive medicine and wellness.

7. More group practice.

Future ramifications from these events are, according to Rajani:

1. The wages and benefits of people in health occupations may decline as providers attempt to cut costs; reaction to this may be greater unionization of health care personnel.

2. Profit-making organizations will grow, with emphasis on efficiency, standardization of work rules, and making money. "Health care providers will no longer be 'philanthropic' employers."

3. There will be more reliance on automation and other technology in line with the business orientation.

4. Demand for workers who can provide care in outpatient settings (dietetic and respiratory occurrences, home health aids, etc.) will grow.

5. Geriatric specialties will also be in demand.

6. Health workers will have to be adaptable "generalists," equipped to work with computers.

A list of those health occupations that are expected to grow in employment in Wisconsin between now and 1995, compiled by Emmerson for the Rajani report, follows:

<u>Much faster than average growth (50% or more)</u>:

home health aides for elderly

dietetic technicians

<u>Faster than average growth (30-49%)</u>:

technicians: occupational, physical and respiratory therapy

medical lab

medical records

histotechnology

electroencephalographic

radiologic and other imaging

assistants: nursing, medical, dental, and operating room

Average growth 20-29%:

dental lab technicians

THE FUTURE OF NURSING IN WISCONSIN

The state addressed future nursing manpower needs, from the standpoint of both nurses and consumers of nursing services, in the Statewide Study of Nursing and Nursing Education, 1979-1980. The study originated in the concern of the University of Wisconsin System Health Science Advisory Council (HSAC) to "provide prudent planning for nursing education programs in Wisconsin" (Study, Final Report, Volume I., 1979). It was carried out under a Nursing Study Committee with statewide representation and included wide input over a two-year period from public forums, surveys, discussions, and literature searches. Draft recommendations were submitted to a large number of experts for review.

The study identified as major changes in health care were: the rapid expansion of scientific knowledge and the corresponding growth of health care technology; the need for continually increasing the knowledge base of nurses, especially in biochemistry; the growing emphasis on illness prevention and promotion of health, particularly in the realm of public or community health; and the rise in the number of elderly people and increases in chronic diseases and long-term care settings. The study also addressed the need to increase educational,

including clinical, preparation of nurses for more responsible roles and, in some cases, for entry into advanced nursing degree programs.

Another area of discussion centered around lack of articulation between nursing programs. "Students seeking to transfer from one nursing program to another and nurses seeking educational progression face tremendous difficulties," the study stated.

The undifferentiated competencies of the various nursing professions were also discussed. "Although the basic nursing education programs differ, there is little differentiation in the functions, roles, salaries, and employer expectations of the ADN, diploma, and BSN graduates," reported the study. In addition, the study singled out the underrepresentation of minorities in nursing.

Nursing aides, according to the study, were still (1979) the largest number of employees in long-term facilities though their numbers in hospitals had been reduced. Rising unemployment was noted among LPNs. "Many LPNs and RNs," said the study, "expressed interest in seeking ADN and especially BSN completion degrees, and multiple requests were made to increase the availability of these opportunities."

The study concluded that the task of anticipating future educational requirements for nurses was indeed complex. It nevertheless formulated the following fourteen recommendations:

1. Entering practitioners be prepared to meet specified competencies based upon societal and consumer needs for two new entry levels (Level I and Level II) of nursing practice that: (1) share a core of knowledge and skills, and (2) are clearly distinct in terms of accountability and scope of practice.

2. Educational preparation for entry level nurses incorporate the strengths of the four current programs (PN-ADN-diploma-BSN) into two new programs (ADN & BSN--revised to meet the specified competencies) without decreasing the number of state and regional graduates.

3. Any future change in licensure/credentialing laws for nurses be enacted with a "Grandfather" clause, stating that new requirements are applicable only to those seeking initial licensure/credentialing after the enactment date, and that already licensed nurses will maintain, at a minimum, their current practice privileges.

4. Continuing competency of practicing nurses be assured.

5. Continuing education for nurses be voluntary.

6. ADN and BSN completion programs that adequately and appropriately recognize prior learning be accessible.

7. Sufficient numbers of entry level nurses be prepared to meet the identified statewide need for nurses in all health care delivery settings, especially long-term care.

8. Nursing leadership be strengthened by the preparation of sufficient numbers of nurses at the graduate level to meet the identified future needs for teachers, administrators, nurse practitioners, and clinical specialists, and by the provision of relevant continuing education offerings for nurses currently functioning in these roles.

9. The role of assistants to nurses (nurses aides, home health aides) be clarified for appropriate utilization of these health care personnel.

10. The relationship and communication between nursing practice and nursing education be strengthened to assure achievement of the common goal of improved nursing care.

11. The numbers in nursing of racial and ethnic minorities be increased to reflect more adequately the state and regional minority population.

12. A plan be developed to assure the delivery of appropriate and sufficient health services, particularly nursing, to persons in their primary settings (home, school, and workplace) to better meet health needs, especially for prevention of illness and promotion of wellness.

13. Nursing research be vigorously promoted and findings implemented to determine and validate methods for improving nursing care.

14. A commission be established and authorized by the legislature to coordinate and monitor the implementation plan recommended by the NSC, and to continue to plan for Wisconsin's future nursing manpower needs.

The greatest implication for Gateway training is the recommendation which called for two entry levels of nursing. Level I represents the 18-month to two-year ADN (Associate Degree) program, and Level II the four-year BSN (Bachelor of Science) degree. New curricula for the two levels would incorporate the strengths of four current programs--PN (Practical Nurse), ADN, Diploma, and BSN.

The Nursing Study Committee concluded that the one-year Practical Nurse program is "insufficient to prepare graduates for the manner in which they are being used and need to be used..." As more RNs are produced, the LPN will find their job opportunities increasingly limited, especially in hospitals in metropolitan areas. In Spring 1985, all but one of 13 VTAE districts reporting PN programs had decreasing enrollments far below program capacity. Five had reduced capacity limits for 1985-1986 (VTAE Report, "Practical Nursing Enrollments by District", 1985). GTI has suspended PN enrollment, District One Technical Institute has recommended enrollment suspension, and Wisconsin Indianhead Technical Institute and Mid-State Technical

Institute have recommended discontinuance for 1985-1986. MATC in Milwaukee has laid off five of its 21 PN instructors due to enrollment decline and the poor employment market for "practical nurses" (Milwaukee Journal, November 28, 1984) and is emphasizing geriatrics.

The Nursing Study Committee recommended that each PN program is directed to move into one of three options:

1. Development of a new ADN program.
2. Merger with an existing ADN program.
3. Discontinuation.

Each ADN program is advised to revise its curriculum, including strengthening of clinical components, in order to meet new Level I competency requirements. The recommended competencies for the new ADN program be in effect by 1987.

The following is a list of different programs in the state to prepare licensed nurses:

Program	1979	1985
PN	14	6
ADN	10	15
Diploma (3 year)	8	2
BSN	8	19
	40	42

TRENDS IN GATEWAY DISTRICT HEALTH CARE

Gateway staff members have been involved in a statewide and local planning level in studying the health care trends and occupations. Discussions have involved District administrative,

instructional staff, program advisory committees, other nursing education schools, Wisconsin Board of VTAE staff, and administrators of health care agencies.

In November 1984, Gateway staff members met with six area hospital administrators to gain an understanding of the trends and issues occurring in the local hospital settings. Hospital administrators, primarily directors of nursing, reported the following experiences taking place in local hospitals:

1) Hospitals have been experiencing a very low turnover rate of registered nurses.

2) When nurses aide and practical nursing positions become available, job descriptions are redesigned in order to hire registered nurses for those vacancies.

3) St. Luke's three-year diploma program for registered nurses will be graduating its last class in 1986.

4) Experienced registered nurses are in high demand.

5) Registered nurses training should emphasize critical thinking skills and deemphasize assertiveness skills.

6) As hospital reorganization takes place, the BSN will receive preference over the ADN. Some hospitals in Wisconsin are already hiring only BSNs.

7) Some hospitals expressed a need for an associate degree program in respiratory therapy due to the increasing level of acute care patients.

8) Within three to five years most hospitals will have medical records completely computerized. Hospital staff are not computer literate and need educational training to develop their skills. Medical records and medical computer technician will be needed in the future.

9) Medical lab technicians and radiology technicians are two areas where costs are prohibitive for hospitals to train the small number of students.

In December 1984, a meeting was held with nine nursing home administrators and Gateway staff to determine the trends and issues occurring in local nursing homes. Listed below are the situations being experienced by nursing homes:

1) Nursing homes are admitting residents that are in need of more skilled care. Staffing needs will require more registered nurses, fewer practical nurses, and certified nursing assistants.

2) The nursing education curriculum should consider adding to the training:

   a) expand geriatric concepts in the Associate Degree Program.

   b) emphasize communication skills and documentation of care in NA program.

   c) practical nurses and nursing assistants need to be prepared to care for the more acutely ill patient.

3) The future need for trained Health Unit Clerk will continue due to high turnover in this classification. With increasing reporting and record keeping in the nursing home environment generating more computer use, keyboard experience will be required for gaining and maintaining employment.

4) Inservice training for nursing home management staff in employee supervision, motivation, and discipline.

HOMEMAKER/HOME HEALTH AIDE/COMPANION STUDY

Results from the November 1984 Gateway study of labor market needs for the occupation of "Homemaker/Home Health Aide/Companion" also reveal a strong desire for home care workers in the District. There were thirty-five respondents in this study, estimated 242 new Homemaker/Health Aide positions by 1988, approximately 80 percent would be part-time. Thirty-three of the 35 respondents felt there was a need for a Gateway training program in the home care area and 40 percent of them

felt the need was critical. The respondents employed a total of 287 Homemaker/Health Aides in 1984, 58 percent of whom were part-time.

The current NA program focuses on long term care and care of the elderly with a practicum in a nursing home. These respondents also saw the need for trained Nurses' Aides and suggested that the NA courses include home care training. This would afford students the flexibility for employment in home health care.

HOSPITAL, NURSING HOME AND MEDICAL CLINICS STUDY

During January 1985, 69 questionnaires were sent to hospitals, nursing homes and medical clinics within the District service area. The response to the questionnaire was 40, or 58 percent return. The purpose of the survey was to gain information relative to staffing patterns, emerging or existing staff need and suggestions for training programs.

Information derived from the health service agencies in Table 2 represents the employee classification as of January 1985 and projected to 1987 and 1990. The greatest anticipated growth projected is for nursing assistants and registered nurses.

Health service providers suggested the following considerations:

Training Programs

Study the Need

Computer Technician
Geriatric Activity Aide
Geriatric Health Maintenance Technician

Physical Therapy Technician
Social Service Activities Director

Discontinue Training

Practical Nursing

Table 2

Health Service Personnel by Agency and Classification 1985 to 1990

	Hospital				Nursing Homes				Medical Clinic			
	1985		1987	1990	1985		1987	1990	1985		1987	1990
	FT	PT			FT	PT			FT	PT		
Health Unit Clerk	46	44	3	3	7	7	1	1	--	--	--	--
Nursing Assistant	480	22	--	--	205	186	62	93	7	3	1	1
Practical Nurse	105	96	1	--	33	54	4	4	4	3	1	1
Registered Nurse	357	126	30	10	34	50	18	15	11	6	--	1

Note: N = 4 Hospital
N = 10 Nursing Homes
N = 26 Medical Clinic

Improvements to Existing Training

1) Broaden the affiliation of ADN students into the nursing home setting.

2) Conduct ongoing inservice for skills and techniques for RNs, nursing assistants, housekeepers, and dietary aides.

3) Conduct supervisory training in the skilled nursing home facilities.

SUMMARY

Forecasting of future needs for health personnel is difficult because of the changes occurring in health care. Some of their changes are: 1) advances in technology, 2) the value that society has placed on health care, and 3) cost containment due to reduced revenues. Another factor making the need for nurses difficult to predict has been the stockpiling of nurses by hospitals during periods of low wages for nurses and the use of nurses as substitutes for other professionals. It has been the versatility of nurses through their broad training and competencies, by performing a variety of duties, that has enabled them to retain or find employment in hospitals. There currently seems to be an ample supply of nurses brought about by the increased number of schools and graduates. Some exceptions may be found in large urban public hospitals.

Health care management has been in a mode of reduction in force on health professional positions and cost containment due to reduced revenues caused by low patient census in hospitals, diagnostic related grouping system of payment for health services, and the increased cost of business operations. Employment growth in hospitals has been nonexistent due to staff cutbacks and closing of hospitals and hospital departments. Nevertheless, a 39 percent growth increase has been predicted for the next ten years.

As people continue to live longer, the demand for non-traditional settings deinstitutionalizing the elderly will create more demand for nursing services in homes, adult day care centers, day hospitals, hospices, and community based mental health centers.

Concepts of patient care have changed and with it have come changes in concepts of nursing. The changes now include nursing, diagnosis, physical assessment, decision-making skills and the therapeutic use of interpersonal interactions. The focus of nursing care is changing from hospital care to home care, and in the home, the nurse will be exercising more independent judgement. Computer based systems and networking will provide the nurse with patient teaching activities, test ordering and reporting, and monitoring patient's progress.

Outpatient services have been the fastest growing alternative health care delivery system. Employment in special centers for surgery, primary care centers, mobile health units, and hospices for the dying increased 125 percent from 1971 to 1982.

Federal budget cuts in many domestic health programs have fostered some new systems and programs in health occupations. They are as follows: medical records, health service management, wellness, geriatric nursing, genetic counseling, sports medicine, and biomedical technician.

The skills and knowledge required of RNs as for other health occupations has become more complex and specialized requiring many nurses to become retrained or updated to retain their jobs. Health workers will have to be adaptable generalists equipped to work with computers.

State of Wisconsin

The State of Wisconsin has begun to require AFDC recipients and encourage state employees to use the services of HMOs in Milwaukee and Dane Counties. Many traditional health providers are seeking a state law to allow them to join HMOs, and HMOs may become the provider of choice for private as well as public sector employees.

A significant development in the state's health care industry has been the Capital Expenditures Review Program and the new Hospital Rate Setting Commission that monitors line-by-line hospital budgets.

There is an increased need for nursing homes and their services due to population growth in the 65 years of age and older. Wisconsin nursing home population has been projected to increase by 23 percent by 1995.

Health occupations expected to grow in Wisconsin between now and 1995 are: home health aides for elderly; dietetic technician; occupational, physical, and respiratory therapy; medical lab technicians; medical records; radiologists and other imaging; nursing assistant; medical assistant; dental assistant; and operating room assistant.

In Wisconsin, nursing practitioners will have to prepare to meet specific competencies based upon societal and consumer needs for a two entry level (Level I and Level II). Level I would constitute 18 months to two-year ADN training and Level II represents the four-year Bachelor of Science Degree of Nursing training.

The Nursing Study Committee recommended the curtailment of the one-year Practical Nursing program. The current PN program could change to one of three options: develop a new ADN program, merge with existing ADN program, or discontinue.

Existing ADN programs in Wisconsin are requested to revise their curriculum to include strengths of clinical components to meet the new Level I competency requirements by 1987.

Gateway District

Gateway staff in meetings with local hospital and nursing home administrators identified specific trends and issues relating to health occupations training. Hospital administrators have been experiencing a low rate of turnover and a high demand for experienced registered nurses. As nursing aides and practical nurses positions become available, their position descriptions are redesigned to hire registered nurses. When hospitals fill the registered nursing positions, they prefer the bachelor's degree nurse over the associate degree nurse. Future training of registered nurses should emphasize critical thinking skills, computer literacy, and deemphasize assertiveness training skills. Areas identified for potential programming were: medical records, respiratory therapy, radiology technician and medical lab technician.

Nursing home administrators are experiencing more residents that are in need of more skilled care, thus requiring more registered nurses than practical nurses and larger numbers of certified nurses aides. Shifts in skills required by the nursing staff call for more training in geriatric concepts, communication skills, documentation of care, care of acutely ill patients, and computer literacy. Inservice training for nursing home management staff in supervision, motivation, and discipline ranked as a high priority.

There was considerable interest expressed for Gateway to establish a program in Homemaker/Home Health Aide. The growth projections for 106 trained Homemaker/Home Health Aides by 1990 places this program in high priority for the immediate and continued future. It was suggested by home care agencies and and nursing home administrators that Gateway include home care training in the present Nursing Assistant program.

Future budgeted positions by health care providers identified were: Geriatric Activity Aide, Geriatric Health Maintenance Technician, Diagnostic Imaging Technician, and medical business related occupations, i.e. records and computer.

CONCLUSIONS

Based upon the information and data derived, the following conclusions were advanced:

1. The future need for health personnel is difficult to project since health care management has been in a mode of reduction in positions and cost containment. Due to the present state

of conditions, registered nursing graduates seeking employment will have their opportunities directly tied to turnover of personnel in local hospitals and nursing homes. Nursing assistants have the greatest employment opportunities in the District in local hospitals, nursing homes and out-patient agencies and for nurses in nontraditional settings, i.e., nursing homes, day hospitals, hospices, and community based mental health centers.

2. Recent changes in patient care have changed the concepts of nursing to now include nursing diagnosis, physical assessment, decision-making skills and the therapeutic use of interpersonal interactions. Also with the focus of nursing care shifting from the hospital to home care, nurses will be exercising more judgment. Other changes with computer based systems and networking provide the nurse with patient data, orders and progress. These role changes in the workplace will mean curriculum review and adjustments in the competency training for nursing students.
3. The versatility of nurses through their broad training and competencies have enabled them to retain or find employment in hospitals or other medical offices. But, with major changes occurring in health care, the need for continuing education will be in high demand as nurses adapt to new technology, expanding knowledge base, growing emphasis on wellness, and the rising number of elderly people with chronic disease and long-term care settings. A constant need

was expressed by local agencies for conducting ongoing inservice skills and techniques for registered nurses, nursing assistants, housekeepers and supervisory staff.

4. Hospitals and nursing homes have both established staffing patterns of RNs, PNs and NAs for nursing care services. The PN employees in hospitals and nursing homes are not being replaced as turnovers or layoffs occur. The Nursing Study Committee recommended that the PN program be redesigned to one of two options: merge with the existing ADN program or be discontinued.
5. The local study conducted in 1984 demonstrated a need for a Homemaker/Home Health Aide for the District. This can be implemented with the cooperation of health care providers assisting in the program design. As for other occupational program areas for study, the following should be considered: Geriatric Activity Aide, Geriatric Health Maintenance Technician, Radiology Technician, Medical Lab Technician and Respiratory Therapy, Diagnostic Imaging Technician and medical business related occupations; i.e., records and computer.

RECOMMENDATIONS

Based upon the conclusions from the findings, the following recommendations are being advanced relative to the Gateway District's future course of action:

1. Conduct two basic nursing programs: the Associate Degree Nursing program on the Kenosha Campus, and the NA or Pre-Service Nursing Assistant program on all three campuses.
2. Proceed with the discontinuance of the Practical Nursing program since hospitals and nursing homes are laying off, eliminating or consolidating positions into either registered nursing or nursing assistants.
3. Review in March of 1986, the placement rate of 1985 Associate Degree Nursing program graduates to verify they gained employment related to their training. If graduate placement is low in registered nursing positions, the program capacity should be reduced.
4. Establish clinical experiences in geriatric settings with specific competencies in the Associate Degree Nursing program.
5. Establish a committee of Gateway staff and health agency personnel that will specifically focus attention on the continuing education for present health care careers to meet the need for "life-long learning" of their health personnel.
6. Revise the Nursing Assistant program curriculum to include Home Health Care Concepts, continue the Home Health Transitions course and provide a continuing education component.
7. Establish meetings with hospital and nursing home administrators relative to the status of present programs and to their future personnel needs. Discuss the program potential of the following areas: Medical Records Technician, Radiologic and Diagnostic Imaging and Geriatric Technician.

8. Each curriculum committee should review and validate the computer competencies already established in full-time health occupations programs that are needed by graduates.

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